

Model SOG Available for Safe Delivery Act

The "Safe Delivery of Newborns Act" took effect January 1, 2001. This new law **requires fire departments** and police departments to accept unwanted newborn infants that are brought to their stations. The primary purpose of the act is to avoid the tragedy of having unwanted newborns being left to die in dumpsters and other places

Fire departments or police departments must do much more than simply taking the baby. The statutorily required responsibilities can be summarized as:

- Take the infant into temporary protective custody
- Provide information to the person surrendering the newborn
- Obtain medical history relevant to the newborn
- Ask the surrendering parent to sign a voluntary release form
- Arrange for transport of the newborn to a hospital
- Transfer temporary protective custody of the newborn to the hospital

The Family Independence Agency, Adoption Services Division, is the lead agency and is responsible for developing information packets for the implementation of this act. Working in conjunction with that agency, the Michigan Association of Fire Chiefs and State Fire Marshal have drafted a model Standard Operating Guideline to aid in implementation of the act. The SOG was reviewed by Family Independence Agency and they have determined that a fire department following the SOG will be in compliance with the act.

Every fire department was mailed a copy of the SOG.

MODEL "SOG"

STANDARD OPERATING GUIDELINE SAFE DELIVERY OF NEWBORN INFANTS

(NOTE: This model SOG is designed to be implemented in a fire department. EMS agencies, while not mentioned in the law, are probably as likely to receive an infant as fire departments. Surrendering an infant to an EMS agency does not provide the person surrendering the infant with the same protections as if they surrender it to a fire department. It is suggested, however, that an EMS agency can follow this same SOG, with primary concern being the welfare of the infant. Any legal issues regarding the protections offered to the surrendering parent can be addressed later through the legal system.)

Any newborn accepted at a fire or EMS station should probably be transported to the hospital by an ambulance. If the fire department does not provide EMS transport, then an EMS provider should be called. The law specifically requires that the fire department initially taking custody of the child must "transfer the newborn to a hospital." Taken literally, the fire department cannot transfer temporary protective custody of the newborn to the ambulance crew, but must accompany the child to the hospital and transfer temporary protective custody to the hospital. (It is probably not necessary that a representative of the fire department actually ride in the ambulance; however, this would be desirable.)

PURPOSE

To implement the provisions of 2000 PA 232, 233, and 234.

BACKGROUND

In response to the significant number of newborn infants being abandoned by their parents, the Michigan Legislature passed Acts 232, 233, and 234 in the summer of 2000, with an effective date of January 1, 2001. These acts affect **ALL FIRE DEPARTMENTS** in Michigan. They provide that a parent may surrender an infant to an *emergency service provider*, and go on to define an *emergency service provider* as ". . . a uniformed or otherwise identified employee or contractor of a fire department, hospital, or police station when such individual is inside the premises and on duty." This means, quite simply, that a parent (either parent) of a newborn can drop off an unwanted newborn at any fire department and remain anonymous.

The fire department has statutory obligations under the law, including:

1. Assume that the child is a newborn
2. Accept temporary protective custody
3. Make a reasonable effort to inform the parent that:
 - a) By surrendering the newborn, the newborn will be placed for adoption
 - b) That they will have 28 days to petition to regain custody

4. Make a reasonable attempt to:
 - a) Reassure that shared information will be kept confidential
 - b) Encourage the parent to identify himself or herself
 - c) Encourage the parent to share relevant family/medical history
 - d) Inform the parent that they can receive counseling or medical attention
 - e) Inform the parent that a reasonable effort must be made to identify the non-surrendering parent
 - f) That the placement agency can provide confidential services to the parent
 - g) Inform the parent that they may sign a release for the newborn to be used in the termination hearing
5. Provide the parent a packet of written information that includes:
 - a) Parent's due process rights
 - b) Pamphlet describing the Safe Delivery Act
 - c) Release form
 - d) Family/medical history background
6. "Transfer the newborn to a hospital" (It appears that the newborn should be transported by an ambulance; however, temporary protective custody cannot be turned over to the ambulance crew if the crew is not part of the fire or police department receiving the baby from the parent - a representative of the fire or police department must also go to the hospital to turn custody over to the hospital.)

PROCEDURE

In the event that a person comes to the station and desires to surrender an infant, use one of the following checklists, as applicable:

CHECKLIST

(For a fire department that provides ambulance transport)

- _____ Take the infant into protective custody.
- _____ Provide a "Surrendering Parents Rights" (ATTACHMENT #1) information sheet to the person surrendering the infant.
- _____ Obtain as much medical history as possible, using the "Voluntary Medical Background Form for a Surrendered Newborn" (ATTACHMENT #2). Provision of this information is voluntary on the part of the surrendering parent - they are not required to provide any information - however it may be helpful in making certain that the infant receives proper care in the future.
- _____ Ask the person surrendering the infant to complete and sign a "Voluntary Release For Adoption of a Surrendered Newborn by Parent" form (ATTACHMENT #3). Provision of this information is voluntary on the part of the surrendering parent - they are not required to provide any information - however it may be helpful in making certain that the infant receives proper care in the future.
- _____ Transport the infant to a hospital.
- _____ Transfer custody of the infant to the hospital emergency room staff.
- _____ Complete an ambulance report form.
- _____ Attach this checklist and a copy of the "Voluntary Medical Background Form for a Surrendered Newborn" and the "Voluntary Release For Adoption of a Surrendered Newborn by Parent" form, if completed, to the Ambulance Report Form.

CHECKLIST

(For a fire department that does not provide ambulance transport)

- _____ Take the infant into protective custody
- _____ Request that an ambulance be dispatched
- _____ Provide a "Surrendering Parents Rights" (ATTACHMENT #1) information sheet to the person surrendering the infant
- _____ Obtain as much medical history as possible, using the "Voluntary Medical Background Form for a Surrendered Newborn" (ATTACHMENT #2) Provision of this information is voluntary on the part of the surrendering parent - they are not required to provide any information - however it may be helpful in making certain that the infant receives proper care in the future.
- _____ Ask the person surrendering the infant to complete and sign a "Voluntary Release For Adoption of a Surrendered Newborn by Parent" form (ATTACHMENT #3) Provision of this information is voluntary on the part of the surrendering parent - they are not required to provide any information - however it may be helpful in making certain that the infant receives proper care in the future.
- _____ Accompany the infant to the hospital
- _____ Transfer custody of the infant to the hospital emergency room staff
- _____ Complete an incident report
- _____ Attach this checklist, the "Voluntary Medical Background Form for a Surrendered Newborn " the "Voluntary Release For Adoption of a Surrendered Newborn by Parent" form, if completed, and a copy of the ambulance report to the incident report form

ATTACHMENT #1

SURRENDERING PARENT RIGHTS

- By surrendering your newborn, you are releasing your newborn to a child placing agency to be placed for adoption.
- The child placing agency can provide confidential services to you.
- The agency must make a reasonable attempt to identify the non-surrendering parent.
- You have 28 days after surrendering your newborn to petition the court to regain custody of your newborn.
- After the 28 day period to petition for custody elapses, there will be a hearing to terminate parental rights.
- There will be a public notice of this hearing; however, the notice will not contain your name.
- You will **not** receive personal notice of this hearing.
- Any information you are willing to provide to an Emergency Service Provider will **not** be made public.
- You may remain completely anonymous; however, you will be asked if you are willing to identify yourself. You may remain anonymous and still provide family and medical background that the baby may need in the future.
- Contact the toll-free Safe Delivery Hotline at **1-866-733-7733** for more information, e.g., resources for counseling and medical services, adoption options.

FIA-Publication 866 (12-00)

The Family Independence Agency will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to an FIA office in your county.

QUANTITY:30,000

COST:\$567.25 (.018 ea.)

AUTHORITY:FIA Director

ATTACHMENT #2

CONFIDENTIAL Voluntary Medical Background Form for a Surrendered Newborn Michigan Family Independence Agency

| | |
|-----------------------------|---------------|
| Preference for Child's Name | Date of Birth |
| Where was the child born? | Sex |

SURRENDERING PARENT BACKGROUND (Optional)

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--------------------------|--------------------------|------------------------|-----|----|--|---------------------------|--------------------------|--------------------------|--|---------------------|--------------------------|--------------------------|--|----------------|--------------------------|--------------------------|--|-------------|--------------------------|--------------------------|----------|----------------------|--------------------------|--------------------------|----------|-----------|--------------------------|--------------------------|--|-----------------|--------------------------|--------------------------|--|---------------------------------------|--------------------------|--------------------------|----------|-----------------------------|--------------------------|--------------------------|----------|
| Name | Date of Birth | Phone Number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Race | Height | Weight | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 35%;">Any Family History of:</td> <td style="width: 10%; text-align: center;">Yes</td> <td style="width: 10%; text-align: center;">No</td> <td style="width: 45%;"></td> </tr> <tr> <td>Sickle Cell Disease</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Heart Disease</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Diabetes</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Cancer.....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">▲ If Yes</td> </tr> <tr> <td>Genetic Disease.....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">▲ If Yes</td> </tr> <tr> <td>HIV</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Hepatitis</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Family History of Mental Illness.....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">▲ If Yes</td> </tr> <tr> <td>Drug or Alcohol Usage</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">▲ If Yes</td> </tr> </table> | | | Any Family History of: | Yes | No | | Sickle Cell Disease | <input type="checkbox"/> | <input type="checkbox"/> | | Heart Disease | <input type="checkbox"/> | <input type="checkbox"/> | | Diabetes | <input type="checkbox"/> | <input type="checkbox"/> | | Cancer..... | <input type="checkbox"/> | <input type="checkbox"/> | ▲ If Yes | Genetic Disease..... | <input type="checkbox"/> | <input type="checkbox"/> | ▲ If Yes | HIV | <input type="checkbox"/> | <input type="checkbox"/> | | Hepatitis | <input type="checkbox"/> | <input type="checkbox"/> | | Family History of Mental Illness..... | <input type="checkbox"/> | <input type="checkbox"/> | ▲ If Yes | Drug or Alcohol Usage | <input type="checkbox"/> | <input type="checkbox"/> | ▲ If Yes |
| Any Family History of: | Yes | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sickle Cell Disease | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Heart Disease | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Diabetes | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cancer..... | <input type="checkbox"/> | <input type="checkbox"/> | ▲ If Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Genetic Disease..... | <input type="checkbox"/> | <input type="checkbox"/> | ▲ If Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HIV | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hepatitis | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Family History of Mental Illness..... | <input type="checkbox"/> | <input type="checkbox"/> | ▲ If Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Drug or Alcohol Usage | <input type="checkbox"/> | <input type="checkbox"/> | ▲ If Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Surgical History | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

OTHER PARENT BACKGROUND (Optional)

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|--|--------------------------|--------------------------|------------------------|-----|----|--|---------------------------|--------------------------|--------------------------|--|---------------------|--------------------------|--------------------------|--|----------------|--------------------------|--------------------------|--|-------------|--------------------------|--------------------------|----------|----------------------|--------------------------|--------------------------|----------|-----------|--------------------------|--------------------------|--|-----------------|--------------------------|--------------------------|--|---------------------------------------|--------------------------|--------------------------|----------|-----------------------------|--------------------------|--------------------------|----------|
| Name | Date of Birth | Phone Number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Race | Height | Weight | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Any Family History of: | Yes | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sickle Cell Disease | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Heart Disease | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Diabetes | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cancer..... | <input type="checkbox"/> | <input type="checkbox"/> | ▲ If Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Genetic Disease..... | <input type="checkbox"/> | <input type="checkbox"/> | ▲ If Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HIV | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Family History of Mental Illness..... | <input type="checkbox"/> | <input type="checkbox"/> | ▲ If Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Drug or Alcohol Usage | <input type="checkbox"/> | <input type="checkbox"/> | ▲ If Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Surgical History | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

INFORMATION ABOUT THE PREGNANCY

| | | |
|---------------------|---------------------|---|
| Length of Pregnancy | Weight Gain Lbs. | Drug or Alcohol Use During Pregnancy <input type="checkbox"/> Yes <input type="checkbox"/> No, If yes, Explain |
|---------------------|---------------------|---|

EMERGENCY SERVICE PROVIDER OBSERVATIONS

| | | | |
|---------------|------|--------------|----------|
| Comments | | | |
| ESP Signature | Date | Phone Number | |
| Address: | City | State | Zip Code |

GENERAL INSTRUCTIONS

PURPOSE OF FORM:

The Emergency Service Provider (ESP) is encouraged to obtain the child's family medical history with the understanding that the surrendering parent may still remain anonymous. Completion of the family medical history **is very important** for the current and future health needs of the child.

The Emergency Service Provider should assist the surrendering parent by reading and recording information provided by the surrendering parent about the maternal and paternal family medical history.

INFORMATION ABOUT THE CHILD:

- Ask the surrendering parent if there is a preferred name for the child. If not, record Baby Boy/Girl Doe.
- Enter the child's date of birth.
- Identify the city and state where the child was born. Describe the place of birth: house, motel, etc.
- Sex of child.

PARENT INFORMATION:

- The name, date of birth, phone number and address of the surrendering or non-surrendering parent is **not** required.
- The parent should be encouraged to identify as much medical information as is known and provide details where requested.
- The parent profile information of race, height, weight, hair color and eye color is information that the child may want at a future date and should be obtained if the parent is willing to disclose.

INFORMATION ABOUT THE PREGNANCY:

- Encourage the surrendering parent to provide this minimal information about the pregnancy.

EMERGENCY SERVICE PROVIDER OBSERVATIONS:

- Record information observed or discussed with the surrendering parent.
- Sign and date.
- Provide address and phone number.

FORM DISTRIBUTION:

- Original is given to the child-placing agency for adoption planning.
- The ESP should copy and retain per agency protocols.

| | |
|---|--|
| AUTHORITY: State P.A. 232 of 2000 RESPONSE: Voluntary PENALTY: None | The Family Independence Agency will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to an FIA office in your county. |
|---|--|

ATTACHMENT #3
VOLUNTARY RELEASE FOR ADOPTION OF A SURRENDERED NEWBORN BY PARENT
Michigan Family Independence Agency

In the matter of _____, a newborn child.

1. I, _____, DOB ____ / ____ / ____ am the ☐ mother ☐ father
of the above child, who was born on ____ / ____ / ____ at _____
(place)
2. I understand that I have parental rights to this child and that by signing this release, I voluntarily release
all of my parental rights to my child. (Subject to number three below.)
3. I understand that I have 28 days after surrendering my newborn child to petition the court to reclaim
custody of my child.
4. Understanding the above provisions, I release completely and permanently my parental rights to my
child, and release my child to a child placing agency for the purpose of adoption.

Date ____ / ____ / ____ Parent Signature _____

Address _____

City _____ State _____ Zip _____

Witnessed by _____
Name (type or print)

on _____, at _____
Date Agency and Address

Signature

IF A NOTARY IS AVAILABLE: Notary Public

Subscribed and sworn to before me on _____, _____
Date County and State

My commission expires: _____ Signature: _____
Date

Name (type or print)

AUTHORITY: State P.A. 232 of 2000
RESPONSE: Voluntary
PENALTY: None

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Development of this model "Standard Operating Guideline"

This suggested SOG was developed to aid local fire, EMS, and police agencies in making certain that they are in compliance with these Acts. It has been reviewed by the Family Independence Agency for meeting the requirements of the acts. Users should freely amend it to fit their individual agencies, keeping the basic intent intact to assure compliance with the acts.

The SOG was developed for your use by Chief G. K. Martin, Lansing Fire Department, representing the Michigan Association of Fire Chiefs; and Charles E. Cribley, Fire Marshal Division, Michigan State Police.

Additional consultation and review were provided by John Hubinger, EMS Section, Department of Consumer and Industry Services; Brian Lovellette, Executive Director, Michigan Association of Ambulance Services; and Dale Berry, President and CEO, Huron Valley Ambulance.

Copies of this model SOG can be downloaded from the Fire Marshal Division website at www.mspfmd.org

If you have comments or suggestions to improve this document, please forward them to either Chuck Cribley at cribleyc@state.mi.us or Chief Martin at LFDmartin@AOL.com.